



**Miami-Dade Housing Agency**  
**Applicant and Leasing Center**  
2925 NW 18 Avenue • Miami, FL 33142-6005  
305-638-6464 • Fax: 305-634-0426  
TDD: 305-638-6606  
www.co.miami-dade.fl.us/housing



Instructions: This form is to be used to notify us of a change in your family size. Please complete this form and mail or fax to the Applicant and Leasing Center.

**HEAD OF HOUSEHOLD INFORMATION:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

**PLEASE STATE THE REASON(S) AS TO WHY YOU ARE ADDING OR REMOVING FAMILY MEMBER(S)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been informed about available housing programs. I understand that I must let the applications office know which program I am applying for. In addition, I must inform the applications office of any and all changes in address and family size – **IN WRITING**. I understand that if I do not answer or mail is returned when contacted for housing, or if I refuse the unit offered, my name will be removed from the waiting list and I cannot reapply until the next open application period. I understand that if my name is removed from a waiting list, I must request an informal hearing (**IN WRITING**) within one (1) year from the date of removal. I understand that acceptance of a unit under any one housing program will not remove my name from the waiting list of other programs (Public Housing, Sec. 8 Mod. Rehab., Sec. 8 Voucher) for which I have applied unless I request to be removed. **I SWEAR OR AFFIRM THAT THE INFORMATION PRESENTED ABOVE IS TRUE. I AUTHORIZE MIAMI DADE HOUSING AGENCY TO CONDUCT A POLICE BACKGROUND SCREENING, CREDIT CHECK, AND TO CHECK COURT RECORDS FOR ANY EVICTIONS IN THE LAST THREE YEARS. FAILURE TO SIGN THIS FORM MAY INVALIDATE THIS REQUEST.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE/CO-APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**(FOR ALC OFFICE ONLY)**

- ☐ Approved ☐ Disapproved  
☐ Pending Document(s): \_\_\_\_\_

ALC STAFF'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

*Miami-Dade Housing Agency does not discriminate on the basis of race, sex, color, religion, marital status, national origin, age, pregnancy, disability, ancestry, sexual orientation, or familial status in the access to, admissions into, or employment in, housing programs or activities.*